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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000005414

AL DISCOUNT BEVERAGE,	iNO			_		
				 		
ce of Business	Mailing Address					
L HOME ROAD		(D				
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216			DO NOT WIDITE IN THIS SPACE			
					IN THIS STACE	
				l =:		
Place of Rusiness	2= Maiting Address				 -	Applied For
lace or promess				I ***	}	Not Applicable
# etc.	Suite, Apt. #, etc.	~			_ \$8.	75 Additional
7, 00.	<u>├─</u> ┓, , , ,			5. Certifcate of Status Desired L		e Required
te	City & State		-	6 Election Campaign Financing	- \$5	.00 May Be
	28		1	Trust Fund Contribution		ded to Fees
Country	Zip	Country		8. This corporation owes the current	year Intangible	
25	29	30		Personal Property Tax.		; □No
9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent	
		81 Na	ame			
		82 Str	reet Addres	se (P.O. Box Number is Not Acceptable	<u> </u>	
			I COL AGGIOG	55 (F.O. DOX 140HDO: 15 1701 1500;1331)	·, 	
KSONVILLE FL 32216		83				-
		94 6	1		Toel	Zip Code
		04 011	ıy		FL ss	ZIP Code
to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-nar	med corpor	ation submits this statement for the pur	pose of changi	ng its registered
registered agent, or both, in the State o	of Florida. Such change was aut	ithorized by the o	corporation	's board of directors. I hereby accept th	ie appointment	as registered
Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signs	ature required w	when reinstating)	DATE	
		13.		ADDITIONS/CHANGES TO OFFIC		
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1896 PARENTAL HOME ROAD		1.2 NAME	}			
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	e of Business L HOME ROAD FL 32216 Place of Business #, etc. Country 25 9. Name and Address of Current EL, ATUL B PARENTAL HOME ROAD KSONVILLE FL 32216 to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation of the second of the country of the second of the country of the second of the	The of Business L HOME ROAD FL 32216 Place of Business 2a. Mailing Address 26 Place of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 127 129 9. Name and Address of Current Registered Agent EL, ATUL B PARENTAL HOME ROAD KSONVILLE FL 32216 To the provisions of Sections 607.0502 and 607.1508, Florida Statute registered agent, or both, in the State of Florida. Such change was aurin familiar with, and accept the obligations of, Section 607.0505, Florida Statute registered agent, or both, in the State of Florida. Such change was aurin familiar with, and accept the obligations of, Section 607.0505, Florida Statute registered agent, or both, in the State of Florida. Such change was aurin familiar with, and accept the obligations of, Section 607.0505, Florida Statute. OFFICERS AND DIRECTORS D P. V. T. S.	e of Business L HOME ROAD 1896 PARENTAL HOME ROAD JACKSONVILLE FL 32216 Place of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 28 Country Zip Country 25 9. Name and Address of Current Registered Agent EL, ATUL PARENTAL HOME ROAD KSONVILLE FL 32216 81 No. 10 10 10 10 10 10 10 10 10 1	Mailing Address L HOME ROAD FL 32216 1896 PARENTAL HOME ROAD JACKSONVILLE FL 32216 Place of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 City & State 28 Country 25 9. Name and Address of Current Registered Agent EL, ATUL PARENTAL HOME ROAD KSONVILLE FL 32216 81 Name 82 Street Address 83 84 City to the provisions of Sections 507.0502 and 507.1508, Florida Statutes, the above-named corpor registered agent, or both, in the State of Florida. Such change was authorized by the corporation im familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13.	e of Business L HOME ROAD FL 32216 1896 PARENTAL HOME ROAD JACKSONVILLE FL 32216 DO NOT WRITE 3. Date Incorporated or Qualifed 01/20/1993 4. FEI Number 28 #, etc. Suite, Apt. #, etc. 27 E. City & State E. City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country B. This corporation owes the current Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Reg EL, ATUL PARENTAL HOME ROAD KSONVILLE FL 32216 Street Address (P.O. Box Number is Not Acceptable Country To the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the pure egistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	HOME ROAD FL 32216 1896 PARENTAL HOME ROAD JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/20/1993 4. FEI Number 59-3164390 #, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Country Zip Country Zip Country Zip Country Signature, Space Address of Current Registered Agent EL, ATUL 3. PARENTAL HOME ROAD SONVILLE FL 32216 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address of Officerors, I hereby accept the appointment for filter purpose of changin familiar with, and accept the obligations of, Section 607.0502, Florida Statutes. Signature, typed or printed name of registered agent and stile if applicable. NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

964) 85508 12